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Reflections of a Reader
Nora Bartlett
edited By Jane Stabler

Jane Austen
Reflections of a Reader
6. In Sickness and in Health: Courting and Nursing in Some Jane Austen Novels

I’m going to be talking about the role of illness in Jane Austen’s novels, but I want to begin with her own last illness: not so much the controversy about what exactly the illness was (though I will touch on that) as what her experience of illness, and its treatment, was. Her letters rarely complain about her symptoms, more often joking than complaining about what sound like alarming experiences, but they do describe them, and it is possible to use stray remarks in her letters to build up a picture of what the last year and a half of her life, the part really marked by illness, was like.

To give those last years a context: as many of you may know, Jane Austen was born in the rectory of Steventon, Hampshire, in 1775 and was one of seven children. Her brothers, except for one brother who was mentally and physically disabled, all married, but she and her sister Cassandra did not. In a phrase that is perhaps no longer in use they ‘remained at home’, though home moved several times, not always to their liking. She wrote three novels in her twenties which were not published until she was over thirty, and three further novels in the years leading up to her death, by which time she was living with her mother, who was a lifelong hypochondriac, and sister in another Hampshire village, Chawton. The novels were published anonymously (‘By a Lady’) but by 1816, when she had turned forty, a number of people were in on the secret of their authorship.
Her biographer Claire Tomalin says that ‘Early in this difficult year Jane began to feel unwell in some unspecified way’.\(^1\) Her letters, and other family papers, mention backache, abdominal pain, gastric upsets, lack of appetite, headache, sudden rises and drops of temperature. She herself comments on a blotchy complexion; ‘black and white’, she calls it in one letter, trying to make light of it but obviously in distress.\(^2\) As a young girl she had been feted for her complexion, and she minded this change in her appearance. She was dead within four months.

In 1964 the eminent medical historian, Sir Zachary Cope, suggested that her illness had been Addison’s disease, a tuberculosis of the adrenal glands.\(^3\) Another famous sufferer was John F. Kennedy, a man who otherwise seems to have had little in common with Jane Austen, and who, living a century and a half later, was treated with cortisone. Addison’s disease would explain the blotchy complexion, the diarrhoea and some of the other symptoms. But more recently there have been suggestions that an earlier, mild illness mentioned in her letters was actually the onset of a cancer that eventually produced these Addison’s-type effects. In either case, she was suffering from an illness that the medicine of her time was unable to cure.

Unable to cure—but not unable to treat. Those of us who are familiar with Jane Austen’s novels will remember that dependence on medical advice, fussing about one’s own health or that of others, is frequently made fun of. We’ll be looking at this attitude in more detail later but here it is enough to remember that she often found humour, not in illness, but in those who fancy themselves ill. In her letters she poked gentle fun at her mother’s hypochondria, which was of that sort familiar to most of us, which stops sufferers doing what they don’t want to do, while permitting them a wide range of activities they enjoy. It has been suggested by some biographers that her impatience with her mother’s malingering was sometimes less than gentle, and that that is one of the reasons why her relatives destroyed so many of her letters. We do know that, when she was genuinely ill, indeed dying, Jane Austen spent

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2 ‘I [...] am considerably better now, & recovering my Looks a little, which have been bad enough, black & white & every wrong colour’ (*Letters*, p. 335).
her days on an arrangement of ‘two or three chairs’ (‘I think she had a pillow, but it never looked comfortable’, one of her nieces remembered), while her mother, who lived to be almost ninety and survived Jane by ten years, hogged the sofa. There is more than one way of reading this apparently ghastly situation, however, and we’ll come back to this picture of the three women in their living room later.

We can imagine that Jane Austen, who enjoyed activity and disliked pity, hated being ill. But as her symptoms worsened, as she grew weaker, she turned more and more to the local medical man nearest to Chawton, and in 1817 that gentleman, Mr. Curtis, suggested she needed more specialist advice. A trip to London to a physician was mooted, then discarded—it was very much against Jane Austen’s wishes—and what was decided upon was seeking the advice of Mr. Lyford, a surgeon at the county hospital at Winchester, sixteen miles away. This gentleman was able to put a stop to the dreadful diarrhoea—she calls it a ‘Discharge’—that was weakening and shaming her, but he wanted to see what a few weeks under his care could do for her other symptoms. Towards the end of May she was conveyed by carriage to Winchester. She never returned. According to family tradition, the surgeon, whose uncle had been an apothecary who treated the Austens during Jane’s childhood, knew she was dying the first time he looked at her, but hoped to alleviate her suffering. She did not attend his surgeries at the hospital but was treated in her lodgings as a private patient; she was accompanied by her sister Cassandra, who nursed her day and night. For a time, a professional nurse, a local woman, was hired to watch her in Cassandra’s absences, but this was found to be unsatisfactory and a sister-in-law—alas, a much-disliked one—came to share the nursing. Jane died in Cassandra’s arms during the night of July 17. Earlier that day she had taken leave of her medical man, Mr. Lyford, and ‘almost her last voluntary utterance’ was to thank him for his care.

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6 Henry Austen, ‘Biographical Notice of the Author’: ‘Her last voluntary speech conveyed thanks to her medical attendant; and to the final question asked of her, purporting to know her wants, she replied, “I want nothing but death”’. Reprinted in *Jane Austen: Critical Assessments*, ed. by Ian Littlewood, 4 vols (Mountfield: Helm, 1998), I, p. 38.
I stress this, and I name the otherwise little-known practitioners, because as well as giving poignant details of the passing of a brilliant woman who was also part of a loving family, this incident provides a tiny window through which we see the medical professions at work in the English provinces near the close of what historians call ‘the long eighteenth century’. The local man, probably an apothecary, so on a lower tier of the accredited medical professions but licensed, a member of the Society of Apothecaries, a man who has served a long apprenticeship and who probably called in frequently to such a well-connected family as the Austens, has much experience, nevertheless feels himself unequal to the situation. He suggests, first, the visit to a London physician, who will probably be a university graduate and a member of the Royal College of Physicians, the top tier in the hierarchy of the medical professions. But what is decided upon is a visit from a surgeon, a compromise, and a welcome one for a woman who does not want to spend her last days in London. By 1817, most cities the size of Winchester had hospitals, and some were training centres. Surgeons had, of course, only been technically sundered from their association with barbers for a little over sixty years, but their seven-year apprenticeship was, for some, a rigorous training, and the diaries of university-trained physicians from this period reveal that some of them stood in awe of their surgeon-colleagues as practitioners. So the Austen family, who would be paying large fees for Mr. Lyford’s private visits and for the rooms they rented for the last months of her illness, were not taking the low road.

For a time, let’s not forget, they also paid for a nurse, but she was found—no explanation provided, no name given—wanting. A family member, also female, was substituted. And this fills out the picture, for although, as this story shows, the middle classes consulted a variety of medical men and also paid for nursing care—watching the sick was a recognized profession—in the main it was the family who provided assistance to the ill. In Jane Austen’s life this was provided by female family members, though the coach that took her to Winchester had three outriders, two of her brothers and a nephew, to be there in the case of any sudden emergency. In the novels, too, we will see that though the

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heroine of *Persuasion* says explicitly that ‘Nursing does not belong to a
man, it is not his province’, some kinds of nursing, as well as a great
deal of accident and emergency activity, fall to men (I vii 61).

Jane Austen’s novels famously pay little attention to politics and
warfare, and some readers (erroneously, of course) have found them
wanting in action and event. I will be talking in detail about only four
of the six novels, but if I could start with just a quick run-through of the
events in the novels that might be thought to call for medical intervention:
of the three written when Jane Austen was young and in full health, in
*Sense and Sensibility* there are two deaths, a sprained ankle, four fainting
fits and five fits of hysteric, a nervous breakdown, a case of questionable
anorexia, and a putrid fever; in *Pride and Prejudice* there is a feverish cold
requiring bed-rest, a twenty-year bout of nerves, a pregnancy and a case
of permanent invalidism in a very young woman, plus a few fainting
and hysterical fits; in *Northanger Abbey* there is a female complaint of an
undisclosed nature which ends in a mysterious death; among the later
novels, *Mansfield Park* has alcoholism, chronic fatigue, depression, a fall
which brings on a near-fatal fever, and two deaths among the clergy, one
from over-eating; *Emma* has hypochondria, throat infections, a turned
ankle, another pregnancy, more mysterious feminine complaints, and
toothache; *Persuasion* has a death at sea, depression again, chronic
indisposition/hypochondria, gout, rheumatism, and a couple of life-
endangering falls. Is it any wonder that one critic asks, ‘Why is it that
this most traditional English family—whose Englishness is alluded to
more than once—is so accident prone?’

To move in closer: *Sense and Sensibility* was not the first novel Jane
Austen wrote—that was a version of what later became *Pride and
Prejudice*—but it was the first published, coming out in 1811. It is the
story of two sisters, Elinor and Marianne, whose father’s early death has
left them in genteel poverty, and who are both in love with young men

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8 For discussion of Austen’s attention to politics and warfare, see Marilyn Butler, *Jane
Austen and the War of Ideas* (Oxford: Clarendon Press, 1975; repr. 1989); Claudia L.
Chicago University Press, 1988); Brian Southam, *Jane Austen and the Navy* (London:
Hambledon and London, 2000); Jocelyn Harris, *A Revolution Almost beyond

(p. 135), http://www.jasna.org/persuasions/printed/number15/brown.htm?
who are, or seem to be, out of their reach. When I listed the medically relevant events in *Sense and Sensibility*, I neglected to say that most of them happen to one person: Marianne, the sister who represents ‘sensibility’ or feeling, or excessive feeling. Marianne, at sixteen, believes in true love, but unfortunately falls in love with someone who is untrue, one of Jane Austen’s attractive rascals, Willoughby.

But before she falls in love, she falls: down a hill, twisting her ankle, and making it necessary for Willoughby, at this point a complete stranger, to touch her, to pick her up and carry her, displaying not only his strength but his presence of mind, as well as his total ignorance of proper accident and emergency procedures, as of course we all know he ought not to move her before seeking medical advice! We will see this again, I am sorry to say, but here I would just like to point out a few things about this scene. The girls are running down the hill toward their house to get away from a sudden rain:

Marianne had [...], the advantage, but a false step brought her suddenly to the ground [...]. A gentleman carrying a gun [...] was passing up the hill [...] when her accident happened. He put down his gun and ran to her assistance. She had raised herself from the ground, but her foot had been twisted in the fall, and she was scarcely able to stand. The gentleman offered his services, and perceiving that her modesty declined what her situation rendered necessary, took her up in his arms without farther delay, and carried her down the hill [...] he bore her directly into the house [...] and quitted not his hold till he had seated her in a chair in the parlour. (I ix 50)

Jane Austen’s novels are very often treated as though they were written by a brainy middle-aged spinster who was not much interested in bodies.¹⁰ This novel was written, of course, by a young woman who had every reason to look forward to marriage, but even her later novels, as we’ll see, concern themselves with the workings of the body—sick or well. Here we see Willoughby carefully putting down his gun before he runs to the young lady’s side; right now he doesn’t want to kill her, though later he nearly will. He lifts her without hesitating (‘without farther delay’), despite her maidenly protests, and ‘doesn’t let go’ until he sees her safe. Here he shows a readiness to touch, to act, both strength and

¹⁰ For a full-length study devoted to countering to this view, see John Wiltshire, *Jane Austen and the Body* (Cambridge: Cambridge University Press, 1992; repr. 2004).
tenderness. He is going to turn out to be a cad in Volume II, but before we are distracted by that, we ought to note how much male nursing he seems capable of giving. The key seems to be the capacity for gentle, but unhesitating, action. And this is, of course, before the two young people have been formally introduced. Next day he comes to visit her where she is resting on the sofa. The family have not sought other medical help, the experience and knowledge of mother and sister, and the visits of Willoughby, are rightly deemed to be enough. It is only when Marianne is languishing on the sofa that her appearance is actually described for the reader for the first time: it is Chapter x, but we are only just now seeing (along with Willoughby) that she is ‘a beautiful girl’, as if the attitude of patient were a particularly flattering one (I x 55).

A good thing, too, if it is; for Marianne, after only five chapters of extravagant courtship from Willoughby, is deserted by him, and begins a slow decline into first, psychosomatic, then real organic illness, after months of unhappiness and a couple of evening walks in wet grass. And wet feet were taken seriously in this period; one physician writes in 1807, ‘Many evils befall the sex from cold feet’; and not only the fair sex, for at least one of George III’s physicians attributed his famous malady to wet feet. Marianne’s ‘two delightful twilight walks’ in wet grass and sitting in wet shoes and stockings give her fever: ‘a pain in her limbs, a cough, and a sore throat’ (III vi 346). Home remedies are tried, but two racking nights watching Marianne by herself, since their mother is absent, lead her sister Elinor—the girl who represents sense, and who is managing her own broken heart more quietly—to send for the apothecary.

An entire chapter is devoted to the nursing of the acutely ill Marianne by Elinor, along with another friend who has much experience of nursing, some unnamed servants, and the apothecary. Mr. Harris comes every morning, and even though at first he regards it as not a very serious case, ‘allowing the word “infection” to pass his lips’ results in the owners of the house where the girls are staying immediately decamping with their young baby (III vii 347). Marianne was abandoned by Willoughby in

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11 ‘The lady of weak health, who may wish to display a fine ankle, should be very guarded how she throws off her warm socks. Many evils befall the sex from cold feet’, from Thomas Trotter, *A View of the Nervous Temperament* (Newcastle: Longman, Hurst, Rees, Orme, 1807), https://archive.org/stream/viewofnervoustem00trot?ref=ol, p. 79.
Volume I, Chapter xv and this is almost thirty chapters later. For a very long time she has pined in the romantic fashion which she approves, eating next to nothing, sleeping little, avoiding company. When infection comes, the fever nearly overwhelms her weakened body, and Elinor, who has sometimes tried to reason Marianne out of the nervous, the emotional part of her affliction, now that it has become a physical illness, is a devoted nurse, scarcely leaving her sister for a moment, giving her the apothecary’s cordials, taking her pulse, watching her even while she sleeps, in the hope that sleep will refresh her. But sleep only brings delirium. In one particularly harrowing instance, the poor young girl, only sixteen, after all, starts up from her pillow and begins looking everywhere for her absent mother. Elinor, only nineteen herself, is terrified. Marianne is delirious for a long time. Even if she lives, will she ever come back to her right mind?

In these events, the apothecary is a shadowy figure, coming and going; his only quoted word the frightening ‘infection’. Elinor seems almost impatient with him, though the careful reader can note that his morning visits occur around 5 a.m., followed by another less than twelve hours later:

Mr. Harris was punctual in his second visit;—but he came to be disappointed in his hopes of what the last would produce. His medicines had failed;—the fever was unabated; and Marianne only more quiet—not more herself—remained in an heavy stupor. Elinor, catching all, and more than all, his fear in a moment, proposed to call in farther advice. But he judged it unnecessary; he had still something more to try, some fresh application, of whose success he was almost as confident as the last, and his visit concluded with encouraging assurances which reached the ear, but could not enter the heart, of Miss Dashwood [Elinor]. (III vii 354)

Despite Elinor’s doubts, the ‘fresh applications’—or something—bring about the hoped-for change in Marianne, and within a few hours the apothecary and the nurses are congratulating each other: ‘he declared her entirely out of danger’ (III vii 355). Elinor, relieved but still worried, continues to watch over her—now naturally sleeping—sister until her mother finally does arrive. Aside from a ‘putrid tendency’ (III vii 347), the category of Marianne’s illness is not named, and the reader sees the illness entirely through Elinor’s, through the nurse’s, experience
of it. Here Jane Austen is not interested in a set of symptoms, but in a situation, in the emotional and physical tenderness between people who share an experience. The two sisters have become for a time nurse and patient, and we see the patient through the nurse.

_Pride and Prejudice_, the next novel to be published, again, a novel written by a woman in her twenties, though revised by the same woman ten years later, presents the same situation. Early in the novel, Elizabeth, the heroine, is moved by sisterly devotion—though it is a much less serious illness, a sore throat and headache suffered by her sister Jane—to walk three miles on a wet day, in order to watch at Jane’s bedside. (By doing so she gets her stockings dirty, earning the scorn of the Bingley sisters; though not that of Mr. Darcy.):

When breakfast was over, they were joined by the sisters; and Elizabeth began to like them herself, when she saw how much affection and solicitude they shewed for Jane. The apothecary came, and [...] said as might be expected, that she had caught a violent cold [...] advised her to return to bed, and promised her some draughts. The advice was followed readily, for the feverish symptoms increased, and her head ached acutely. Elizabeth did not quit her room for a moment, nor were the other ladies often absent; the gentlemen being out, they had in fact nothing to do elsewhere. (I vii 37)

The last line points out with characteristic tartness the distinction between genuine and affected solicitude, between Elizabeth and the Bingley sisters. Though, as I have said, we probably all know the plot, readers may have forgotten that this illness of Jane’s, as well as being much milder than Marianne’s, is much more nakedly a plot device: Jane is ill enough to desire Elizabeth’s nursing, so much more genuine than that of the cold-hearted Bingley girls or the servants or even that of Mr. Jones the apothecary, so Elizabeth stays in the Bingley house for a week and is thrown together with Mr. Darcy in the evenings. It is during these evenings at Netherfield that Mr. Darcy falls in love with Elizabeth.

At the novel’s end, happily talking to and teasing Mr. Darcy, she asks him what made him fall in love with her, and he reminds her of the time he spent watching her nurse her sister through that bout of illness; it was not only her lively mind which drew him, he tells her, but the ‘affectionate behaviour’ he saw in her then (III xviii 422). Nursing here is read as a visible sign of goodness, of being—that very important
quality in Jane Austen—‘good-natured’. In the recognized rituals of
courtship—dancing, flirting, conversing—one might hide as well as
show one’s real nature. In illness one cannot hide it, and perhaps the
care of the sick is as revealing as illness itself?

Before we leave *Pride and Prejudice* I would like to consider an illness
that we might as readers, forget, and one which we are surely encouraged
to make light of, and that is Mrs. Bennet’s ‘nerves’. Here Mrs. Bennet, the
mother of five unmarried daughters, castigates her husband’s refusal to
show enthusiasm for her campaign to find them husbands:

‘Mr. Bennet, how can you abuse your own children in such a way? You
take delight in vexing me. You have no compassion on my poor nerves.’

‘You mistake me, my dear. I have a high respect for your nerves. They
are my old friends. I have heard you mention them with consideration
these twenty years at least.’

‘Ah! You do not know what I suffer.’ (I i 5)

Mr. Bennet may have compassion on his wife’s nerves—though I see
little sign of it—but the reader has been guided, from the very beginning
of the novel, not to. In the famous catalogue of abuse that closes the first
chapter, ‘She was a woman of mean understanding, little information,
and uncertain temper. When she was discontented she fancied herself
nervous’ (I i 5).

There we are then, instructed *not* to trouble ourselves over her
nerves. The twenty-year duration is interesting: her ‘nerves’ date from
some time after the birth of Jane and Elizabeth, the beautiful, talented,
rational first children, presumably born and passing their early
childhood in the honeymoon period when sexual attraction to the young
Mrs. Bennet blinded her husband to her grosser faults of intellect and
temperament; the nerves seem to start around the birth of Mary, the girl
whose plainness and pedantry is treated so comically, and continues,
understandably, through the births and childhoods of the two noisy
hoydens, Kitty and Lydia.

Now, when Mrs. Bennet is attributing her frustration at the
circumstances of her life to ‘nerves’, to an illness, she is not only joining
the ranks of Jane Austen’s hypochondriacs, she is using a fashionable
term. ‘It was in fact only in the eighteenth century’, writes the medical
historian W. F. Bynum, ‘that it became possible to suffer from the
“nerves”. Fibres and tendons in human and animal bodies that had been poked and prodded in experiments to discover the nature of physical feeling in the first part of the century had come, by the end of the century, to be connected with the language of feeling in another sense, a sense that is referred to in the *Oxford English Dictionary* as ‘non-scientific’ and by Dr. Johnson as ‘medical cant’. I take this to be analogous with the way in which in our lifetime the word ‘trauma’, which once had a distinct medical meaning, is now on everyone’s lips to describe the effects of a lost wallet or a bad party. The term ‘nerves’ by the close of the eighteenth century was used in England to refer to feelings or to spirits, usually, though not always, to afflicted ones. It is taken by at least one writer to be characteristically English; the title of one popular eighteenth-century treatise on nervous disorders is *The English Malady*. Whether that is true or not, the term, interestingly, has stood the test of time: ‘Nerves of steel’ is a phrase from a nineteenth-century poet; ‘My nerves are bad tonight’ is a phrase from a twentieth-century one. And it is still possible to buy nerve tonics on the Internet.

Mrs. Bennet was in good, or at least high-class, company in having nerves she liked to talk about. George III, not himself believing that wet feet were the cause of his sufferings, said in 1788, very movingly, ‘I am nervous. I am not ill, but I am nervous: if you would know what is the matter with me, I am nervous’. The symptoms of the King, unlike those of Mrs. Bennet, received a great deal of attention at the time and still do. His, of course, seem to have proceeded from an organic cause, whereas hers—certainly as we are encouraged to read them—are so variable and so dependent on circumstances and mood, as to arise, we decide, purely from the desire for attention that is one of the characteristics of the hysterical personality. And, though they erode her husband’s and

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13 Ibid.
16 Entry from Fanny Burney’s diary November 5–6, 1788; *Diary and Letters of Madame D’Arblay*, 7 vols (London: H. Colburn, 1854), IV, p. 239, https://babel.hathitrust.org/cgi/pt?id=uva.x000618206&view=1up&seq=7
her children’s respect for her, they do the job: when, in one of the novel’s major plot events, her sixteen-year-old daughter Lydia elopes with the wastrel Wickham, Mrs. Bennet moves, not to assist or advise, but to claim all the attention that she can. Jane, her chief carer, tells Elizabeth that, on receiving the terrible news, “‘My mother was in hysterics, and though I endeavoured to give her every assistance in my power, I am afraid I did not do so much as I might have done! but the horror of what might possibly happen, almost took from me my faculties.’” (III v 322).

During the anxious days in which they await news of the scapegrace couple, Mrs. Bennet takes to her bed and remains there, claiming the constant attendance of Jane, or the housekeeper, or another nurse-attendant of some kind.

Mrs. Bennet […] received them exactly as might be expected; with tears and lamentations of regret, invectives against the villainous conduct of Wickham, and complaints of her own sufferings and ill-usage; blaming everybody but the person to whose ill judging indulgence the errors of her daughter must be principally owing […]

‘Tell [Mr. Bennet] what a dreadful state I am in,—that I am frightened out of my wits; and have such tremblings, such flutterings, all over me, such spasms in my side, and pains in my head, and such beatings at heart, that I can get no rest by night nor by day.’ (III v 316–18)

The symptoms in this are ‘all over’ her body; as one nerve specialist of the time commented, thinking perhaps of the potential range of his practice, ‘the nerves go everywhere’!17 The list is designed precisely not to elicit the reader’s sympathy. We don’t see it through a tender nurse’s eye but through a cold authorial one that enjoys producing the diffuse litannies of self-contradiction that characterize Mrs. Bennet’s speech: she interrupts this medical report to speculate about what Lydia will wear to a wedding that may never happen.

And if she has little hope of appealing to the reader’s sympathies, she is really wasting her breath where Mr. Bennet is concerned. As he watches Jane bearing a heavy-laden tray of tea things up to her mother’s room, he gloomily considers the state of the marriage and family life he shares with this demanding weakling: “‘This is a parade,’” cried he,

17 Thomas Trotter, cited by W. F. Bynum et al. in the Anatomy of Madness, I, p. 94: ‘Trotter’s nervous patient might suffer from almost any organ of the body because the nerves go everywhere’.
“which does one good; it gives such an elegance to misfortune! Another day I will do the same; I will sit in my library, in my nightcap and powdering gown, and give as much trouble as I can”’ (III vi 330). Like Mr. Bennet, the novel seems unable to forgive Mrs. Bennet for anything; but her constitution is forgiving. When catastrophe is averted and Lydia is married to Wickham, Mrs. Bennet’s recovery is instantaneous—she leaps out of bed, with not a thought for her poor nerves, or for her daughter’s real disgrace in having lived with a man outside marriage, and, though she has spent two weeks in bed being waited on, she joins her family at dinner again in—the phrase is memorably acid—‘in spirits oppressively high’ (III viii 342). In low or high spirits, Mrs. Bennet isn’t given a chance to appeal to the reader. In a move that seems characteristic of the discussion in the period about nervous complaints, her faults are seen as moral and not physical, and so her nerves, which in other fictional females are proof of sensitivity and sensibility, are merely mocked.

Also mocked, though perhaps more subtly, in the much later novel *Persuasion*, are the illnesses of the young housewife Mary Musgrove, one of the great comic hypochondriacs. *Persuasion* follows the progress of Anne Elliot, at twenty-seven Jane Austen’s oldest heroine, who has years before been persuaded to break an engagement to the love of her life, the sailor Captain Wentworth, who meets him again and after a series of accidents—and I mean accidents; this is the novel in which the two life-endangering falls occur—is reunited with him. At the novel’s outset Anne is presented to the reader as having recognized her mistake, and suffering as a consequence from ‘early loss of bloom and spirits’, a kind of gentle depression (I iv 30). She often sighs; she is often agitated. But there is no talk of nerves and, indeed, though she has much to complain of, since she is unloved and unrecognized in her family and exploited by everyone, there is little complaint of any kind. Any complaint from Anne would go unheard, anyway, in the general clamour that surrounds her. The novel’s early chapters take her on a visit to her sister Mary. Mary is ill. Mary is often ill.¹⁸

While well, and happy, and properly attended to, she had great good humour and excellent spirits; but any indisposition sunk her completely [...] She was now lying on the faded sofa [...] and, on Anne’s appearing, greeted her with,

‘So, you are come at last! I began to think I should never see you. I am so ill I can hardly speak. I have not seen a creature the whole morning!’

‘I am sorry to find you unwell,’ replied Anne. ‘You sent me such a good account of yourself on Thursday!’

‘Yes, I made the best of it; I always do; but I was very far from well at the time; and I do not think I ever was so ill in my life as I have been all this morning—very unfit to be left alone, I am sure. Suppose I were to be seized all of a sudden in some dreadful way, and not able to ring the bell! [...]’

‘Well, you will soon be better now,’ replied Anne, cheerfully. ‘You know I always cure you when I come.’ (I v 39–40)

Anne’s hopes are not misplaced. Within minutes Mary is up scoffing cold meat and making plans for an afternoon walk. Part of what she needs is—like Mrs. Bennet—simply company, someone to listen to her complaints, to ‘attend’ to them. The word ‘attend’ appears over and over in Jane Austen, with regard to the real (Marianne’s fever) and the imaginary complaint: Mrs. Bennet, Mary. Some characters, mostly, but not always, women, have the capacity to supply this kind of attendance.

Though Anne spends much of her time coping with Mary’s phantom illnesses (‘“my sore-throats, you know, are always worse than anybody’s”’ (I vii 178)), on two occasions she has the opportunity to attend to the needs of someone who is really ill. In both these cases we see her sterling qualities—she is tender, resolute, clear-thinking as well as quick-thinking—and it is not only the reader who sees this, but Captain Wentworth, once her fiancé, now returned, wealthy, successful, still eligible, but determined to ignore the woman who spurned him. He flirts with other young women and scarcely acknowledges Anne’s existence. But on one signal occasion, after a fall, one of Anne’s little nephews, one of Mary’s two badly-brought-up little boys, is confined to bed with a broken collarbone. Anne offers to nurse him, much to Mary’s relief, and on this occasion Captain Wentworth, Anne and the little invalid are left alone together; Anne is kneeling at the little boy’s side, Captain Wentworth is pretending to read a newspaper and wondering how he can get away without being rude; a tense silence ensues, broken
only by the entrance of the younger child, who begins bullying and pester ing his long-suffering aunt:

[...] as his aunt would not let him teaze his sick brother, he began to fasten himself upon her, as she knelt, in such a way that [...] she could not shake him off [...] ‘Walter,’ said she, ‘get down this moment.’ [...] But not a bit did Walter stir.

In another moment, however, she found herself in the state of being released from him; some one was taking him from her, though he had bent her head so much, that his little sturdy hands were unfastened from around her neck, and he was resolutely borne away, before she knew that Captain Wentworth had done it. (I ix 86–87)

This is the beginning of the transformation in their relationship: the man who has never stopped loving her—but does not know himself well enough to know that—cannot bear to see her made physically uncomfortable, in particular while she is wholly absorbed in the sort of physical care for others that is characteristic of her. His tenderness approves and supports and joins with hers there. It is a kind of silent duet enmeshed in care for others. She nurses one child, while he plays with the other. They might already be married; though it takes many chapters, and one more accident, before they are.

The second and more famous fall in *Persuasion* is, of course, the fall at Lyme, when Louisa Musgrove, the young woman with whom Captain Wentworth has been flirting, insists on being jumped down the steps of the famous Cobb:

to shew her enjoyment, [she] ran up the steps to be jumped down again. He advised her against it [...] but no, he reasoned and talked in vain; she smiled and said, ‘I am determined I will.’ He put out his hands; she was too precipitate by half a second, she fell on the pavement on the Lower Cobb, and was taken up lifeless! (I xii 118)

In case anyone here hasn’t read *Persuasion*, Louisa is not dead; despite her propensity for writing about falls, Jane Austen never kills anyone that way. But she is badly hurt: concussed, certainly, and seems to remain unconscious for a worryingly long time. Worrying, too, to modern readers, is the way in which the injured girl is hoisted about and flung from person to person before she has been examined by a surgeon and declared to have no broken limbs or injury to the spine.
What this incident does, aside from putting Louisa out of action, is to show very completely the wonderful competence of Anne. There are two other ladies present, Mary, and Louisa’s sister Henrietta, but they succumb, respectively, to hysterics and a dead faint. It is Anne who has smelling salts to revive those who have fainted, Anne who thinks of the surgeon and of sending someone for him who knows the town, Anne who organizes the party that carries Louisa from the scene. She rallies Captain Wentworth, and they manage together to get Louisa indoors, where she can be examined, and where the nursing can begin. Anne, too, though she has every reason to resent Louisa as a rival, is willing to remain in Lyme and help nurse her: ‘she would have attended on Louisa with a zeal above the common claims of regard, for his sake’ (I xii 125). But she is prevented, predictably, by Mary, who cannot bear to lose such an opportunity for attention. Anne returns home against her will, and goes unwillingly to Bath—like Lyme a resort famous for invalids and medical treatments. The novel’s action follows her there, and we never really see Louisa again; we learn of her recovery, but also that the effects of her accident will be lifelong: she will marry someone she meets in the house where she is being nursed, a young sailor who has helped to ‘attend’ to her, and she will be turned, through the accident and its effects, from a bright and breezy young woman to one who ‘“starts and wriggles like a young dab chick”’ at any sudden noise (II x 237).

The noise that is referred to, here, is a slammed door, and readers of Austen’s *Emma* will recall that much effort is expended throughout that novel to shut doors and to shut them properly. Maids are praised for knowing just how to do this, eligible young men are frowned on for not knowing, or not caring. All of this watchfulness about doors is part of the symphony of care that surrounds Mr. Woodhouse, Emma’s father, Jane Austen’s most celebrated hypochondriac. Like Mrs. Bennet, Mr. Woodhouse is nervous, ‘a nervous man’, whose ‘spirits required support’, but unlike her he is very rich, so his wobbly spirits are supported by almost everyone with whom he comes in contact; an army of servants; his neighbours; the apothecary, Mr. Perry; and most of all Emma, his devoted daughter. Mr. Woodhouse is distressed not only by slamming doors but by draughty passages, sudden snowstorms, late nights, loud voices, strangers, travel, heat, cold, rich food, whether eaten by him or by others, and any change at all in his routine. But against all
of these, perceived by him not as dangers to his equanimity but to his health, he is protected.

Early on, the reader realizes Emma and Mr. Knightley are made for each other as they co-manage her father’s nervous symptoms. Mr. Woodhouse is not really ill, but it is everyone’s job to prevent his ever becoming ill, or even feeling more than momentarily uncomfortable. This is Emma’s life. On the night after Miss Taylor’s wedding, she is gloomily surveying her prospects for the coming winter; her father has, as is typical, fallen asleep after dinner. The pace of their life is torpid, their social circle very confined, but with Miss Taylor’s company this was tolerable. What will it be like without her? she is wondering, and as if in answer, in walks Mr. Knightley. He knows they will be missing their companion and refers delicately to the wedding. Mr. Woodhouse wakes up long enough to reply: “‘Ah! Poor Miss Taylor! ‘tis a sad business’” (I i 8). A glass half-full person himself, Mr. Knightley comments that now Mrs. Weston—he firmly uses her married name—will “‘have only one to please, than two’”; Emma takes up the baton:

‘Especially when one of those two is such a fanciful, troublesome creature!’ said Emma playfully. ‘That, is [...] what you would certainly say if my father were not by.’

‘I believe it is very true, my dear, indeed,’ said Mr. Woodhouse with a sigh. ‘I am afraid I am sometimes very fanciful and troublesome.’

‘My dearest papa! You do not think I could mean you, or suppose Mr. Knightley to mean you. What a horrible idea! Oh, no! I meant only myself. Mr. Knightley loves to find fault with me you know [...] We always say what we like to one another.’ [...] 

‘Emma knows I never flatter her,’ said Mr. Knightley, ‘but I meant no reflection on any body.’ (I i 9)

He says this drolly and the situation is, between Mr. Knightley and Emma, rescued, like many other situations in the novel. No one can say ‘what they like’ to Mr. Woodhouse, but these two can say what they like near him, around him, in a sort of continual flow of tactfulness. There are half a dozen scenes like this, presented in a comic-opera style in which Emma soothes her father from one side while Mr. Knightley distracts him from the other.

This is the sort of attendance Mr. Woodhouse’s unhysterical (unless threatened) and uncomplaining (unless dissatisfied) hypochondria requires from the laity: a constant, quiet attention to his state of mind.
that takes the form of almost ritually dull conversation—pleasant for Mr. Woodhouse, exhausting, I should think, for others, often hilarious for the reader. These rituals, sometimes expanded to include board games, are all that he requires in terms of family care. For Mr. Woodhouse, unlike other Austen characters, whether ill, or imagining themselves ill, has constant professional attendance in the shape of the apothecary, Mr. Perry. We remember that Jane Austen, when genuinely ill, moved from apothecary to surgeon, from small village to major town. Mr. Woodhouse, ‘a nervous man, easily depressed’, and a rich man, well-protected, needn’t do this (I i 6). He has Mr. Perry at his right hand. Mr. Perry never actually speaks in the novel. He doesn’t need to, as other characters are continually quoting him, or seeing him, or mentioning him in their letters. Unlike Emma, the great Miss Woodhouse, whose status in the village is so high, and sense of her position so acute, that she can’t enter certain houses without mulling over the consequences, Mr. Perry is comfortable everywhere. He goes to the houses of the poor, where, it is intimated, he does not charge, but then perhaps he doesn’t need to, as he sees Mr. Woodhouse, presumably for a fat fee, every day.

One person who does not consult Mr. Perry on her own behalf is Emma. Emma is “the complete picture of grown-up health”, as her former governess tells Mr. Knightley (I iv 39). But she is almost alone among Highbury’s female population in being so. Harriet, her weak-headed friend, has, in the course of the novel, a septic throat, a turned ankle, several headaches and a toothache which finally causes her to exit from its pages. Jane Fairfax, a young woman who is exactly Emma’s age, and who, like her, is beautiful and intelligent but who, unlike her, is poor, and is enduring the strain of a secret engagement, suffers from a number of complaints including headache, lack of appetite, ‘deranged’ health, and a cold that lasts from November into June (III ix 424). Jane Fairfax sees plenty of Mr. Perry. But it is not Mr. Perry who cures her. In the novel’s last quarter Jane’s prospects change, and her health changes with them, as Frank Churchill is suddenly free to marry her and their scandalous secret engagement can be openly acknowledged. The pale, drawn young woman whose family feared she might be consumptive has a full recovery; even that nagging cold seems to be gone. The new situation, intriguingly, is due to the sudden death of Frank’s aunt, Mrs. Churchill, another chronic invalid, who enters the novel only
by reputation, as someone who suffers (like Jane) from a ‘nervous disorder’, but dies of something else altogether, a mysterious ‘sudden seizure of a different nature from any thing foreboded by her general state’ (III ix 421). Mr. Woodhouse, who has the professional invalid’s generous interest in others’ ills, is filled with sympathy, but he is in a minority, as her death is so convenient. In Jane Austen, some illnesses are more equal than others.

To conclude, Jane Austen is, as I have said, a novelist of courtship, but in Emma there is very little in the way of courting. Emma thinks she is being courted by Frank Churchill, but isn’t; she drives away the decent man who wants to court Harriet, and points her in the direction of two men who don’t want to court her. When she finally comes to terms with Mr. Knightley, there is no courtship; only love—a love that has grown up between them while they attended together to her father’s imaginary illness. In the other novels I’ve discussed, too, there is less conventional courtship than might be supposed from the book jacket blurbs. And more illness, real and imagined. I’d like to end where we began with Jane Austen’s yielding of the sofa to her mother: ‘I live upstairs however for the present & am coddled […] but a weak Body must excuse weak Nerves. My Mother has borne this forgetfulness of her extremely well;—her expectations for herself were never beyond the extreme of moderation’.19 There is more going on here, I’d suggest, than simply the older woman’s selfishness, the younger’s disdain. More reticence. More love. And we should not forget her courtly thanking of her physician, either, almost her last words. Jane Austen was certainly a novelist of passion, but she was also a novelist of tenderness, and an observer of self-delusion: for her there is as much loving-kindness, and as much foolishness, between the sick and the well, as there is between men and women in love.

19 Letters, p. 338.